

PART A (TO BE COMPLETED BY THE INSURER) - PLEASE TYPE or PRINT CLEARLY

Mark the type Temporary Producer (total fees = \$90 per insurer)

Mark (one): Resident

license requested: Service Representative (total fees = \$50 per insurer)

Non-Resident

Company NAIC No.	Life	Accident & Health or Sickness (Disability)	Variable Life and Variable Annuities	Property*	Casualty*	Personal Lines*	Industrial (Debit) Fire*	Automobile*
#								
Company Name								
#								
Company Name								
#								
Company Name								
#								
Company Name								
#								
Company Name								

* Indicates only lines applicable for Service Representatives

By the signature of an authorized company official, the above-named insurer(s) request(s) that the applicant described in this application be licensed and appointed as a temporary producer or service representative for the above indicated line(s) of insurance (mark [X] as many as required). We have investigated the character and background of this applicant and are satisfied that the applicant is trustworthy and qualified to act as our temporary producer or service representative, we endorse the applicant as being of good business standing and character and we desire that the applicant be licensed and appointed as our temporary producer or service representative, as indicated above. We are familiar with the federal law (18 U.S.C. § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand it is a violation of this law to willfully permit a prohibited person from conducting the business of insurance.

Date of Application: _____

(Original signature of authorized company official)

(typed or printed name of company official)

(Address)

(City / state / zip)

(Telephone #)

(Fax #)

PART B (TO BE COMPLETED BY THE APPLICANT) - PLEASE TYPE or PRINT CLEARLY

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number						
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>								
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name		⑦ Date of Birth (month) ___ (day) ___ (year) ___		
⑧ Residence/Home Address (Physical Street)			⑨ P.O. Box		⑩ City		⑪ State	⑫ Zip or Foreign Country
⑬ Home Phone Number () -		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)				
⑯ Business Name								
⑰ Business Address (Physical Street)			⑱ P.O. Box		⑲ City		⑳ State	㉑ Zip or Foreign Country
㉒ Business Phone Number () -		㉓ Business Fax Number () -		㉔ Business E-Mail Address		㉕ Business Web Site Address		
㉖ Applicant's Mailing Address			㉗ P.O. Box		㉘ City		㉙ State	㉚ Zip or Foreign Country
㉛ Assumed Business Name/Trade Name								

Agency or Business Entity Affiliations

32 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

33 Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City State					
Name					
City State					
Name					
City State					
Name					
City State					

Background Information

34 The Applicant must read the following very carefully and answer every question:

1. Have you **EVER** been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes ___ No ___

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

5. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

6. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

8. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 8, by how many months are you in arrearage? _____ Months

9. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicant's Certification and Attestation

35 The Applicant must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- 5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

36 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. Company check payable to "Commissioner of Insurance, State of Alabama"
- 2. Service Representatives must attach a copy of Prelicensing Course Certificate if not currently licensed.

NOTE:

WE NO LONGER MAIL OUT LICENSES. AFTER 5 TO 7 DAYS GO TO www.aldoi.gov AND CLICK ON LICENSING AND THEN CLICK ON LICENSEE SEARCH. PUT IN YOUR NAME, LICENSE TYPE AND THEN CLICK SUBMIT. IF THE LICENSE HAS BEEN ISSUED, YOU WILL GET YOUR LICENSE NUMBER TO THEN PRINT YOUR LICENSE.

INSTRUCTIONS:

1. **PLEASE TYPE OR PRINT.** Application must be on Form AL-1-TSR (1/2008). This form may be reproduced. All previous revisions of this form are obsolete and, if received after February 15, 2007, will not be accepted.
2. This form should be used by RESIDENTS and NON-RESIDENTS to apply for license/appointments as TEMPORARY PRODUCER or SERVICE REPRESENTATIVE. **All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted.** Acknowledgment by Notary Public on Page 5, if applicable, must be current (not more than 6 months old) at time of receipt by Insurance Department. A current (less than 90 days old) letter of certification from home state is required with every non-resident service representative's application.
3. All applicants must complete Part B of this form.
3. After the Applicant has completed Part B, the insurer must then complete Part A. The insurer must carefully review the Applicant's answers to all questions, along with any and all attachments.
4. A company check in the amount of \$90.00 for a temporary producer or \$50.00 for a service representative per insurer must accompany this application. (See breakdown of fees below). The application will be returned without processing if not accompanied by the fees indicated. Make company check payable to "Commissioner of Insurance, State of Alabama." Applicants for temporary producer license do not submit an examination fee with this application, as they will receive information from the Insurance Department after this application is filed regarding when and how to pay the fees for examinations.

MAIL this completed application to:
 Producer Licensing Division
 Department of Insurance
 P. O. Box 303351
 Montgomery, AL 36130-3351

CAUTION. Failure to mail to the P.O. Box listed above will delay the processing of your application.

APPLICATION CHECKLIST - VERY IMPORTANT - PLEASE REVIEW

- Sponsoring insurer(s) name and NAIC Number are shown.
- Desired lines of insurance are marked.
- Part A is signed by authorized official.
 - Applicant's full name is shown. NO INITIALS.
- Part B is signed by applicant.
- Applicant answered all questions in Part B (Yes, No or N/A).
 Page 5 notarized, if applicable
- Payment is in the form of a company check. **(Personal checks and money orders are not accepted.)**
- DO NOT send: Cover letter, paper clips, licenses or copies of licenses.

FEE SCHEDULE:

The following fees are due and payable **FOR EACH INSURER** listed in Part A, and should be attached to this application when submitted to the Insurance Department (one company check may be used for all fees combined):

TEMPORARY PRODUCER

Application fee (for filing application for license/appointment, **per insurer**
(for any and all lines, total)
License fee, **per insurer**
Notice of Appointment Fee, **per insurer**
 TOTAL per insurer

Resident and Non-Resident

\$20.00
 \$40.00
 \$30.00
 \$90.00

SERVICE REPRESENTATIVES*

Application fee (for filing application for license/appointment), per insurer
Appointment fee, per insurer
 TOTAL per insurer

\$20.00
 \$30.00
 \$50.00

* NOTE: The annual appointment renewal fee for the license listed above is the same as the initial licensing/appointment fee.

DO NOT INCLUDE AN EXAMINATION FEE WITH THIS APPLICATION. Temporary Producer License applicants are subject to an examination requirement and will receive information from the Insurance Department after this application is filed regarding when and how to pay the examination fee.

NOTE:

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STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty of perjury do
(Name)

hereby swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of _____
(State) in the year of _____ (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

APPLICANT

DATE

Subscribed to and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires

***PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**